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## BIB DATA SHEET

CONFIRMATION NO. 5606

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/772,703	02/05/2004	<del>264</del> 428	1794	1016750020P		
<b>APPLICANTS</b> William M. Colone, Phoenix, AZ; <b>** CONTINUING DATA *****</b> This application is a CON of 08/888,438 07/07/1997 ABN which is a CON of 08/701,543 08/22/1996 ABN WA, 9/29/08 which is a CON of 08/265,794 06/27/1994 ABN <b>** FOREIGN APPLICATIONS *****</b> none, WA, 9/29/08 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/04/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /WALTER AUGHENBAUGH/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> AZ	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> 5	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> C.R. Bard, Inc. Bard Peripheral Vascular 1625 W. 3rd St PO Box 1740 Tempe, AZ 85280-1740 UNITED STATES						
<b>TITLE</b> Radially expandable polytetrafluoroethylene						
<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		